

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

## Weekly Bulletin



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OCT 9 - 1933  
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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.  
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XII, No. 35

September 30, 1933

GUY P. JONES  
EDITOR

## *The Medical Profession and the Public Health\**

By GEORGE G. REINLE, M.D., President, California Medical Association

It was with extreme pleasure but a deep sense of responsibility that I accepted the opportunity to address the Health Officers' Section of the California League of Municipalities on so vital a subject as preventive medicine. It is, I believe you will agree, a subject of interest not only to every individual in this audience, but to every man, woman and child in the State of California, involving as it does the health, wealth and happiness of all. The term "preventive medicine" covers a wide field and I can not, in the time allotted me, hope to stress more than a few of the more pressing needs with particular reference to immunization.

We are dealing with a subject historically old but comparatively new in application. Public health measures were known in Scotland as early as the 13th century, during the reign of Alexander III, and had to do with the cleaning of streets. This was perhaps one of the first evidences of the birth of preventive medicine. A public health act creating a board of health was passed in England as early as 1848. The sanitary administration of England was mainly regulated by the provisions of public health acts of 1875 and subsequent years.

In the United States laws were enacted by the colonies designed to prevent the introduction of contagious and infectious diseases into this country. In 1878

Congress passed an act to this same end. In 1879 a national board of health was created by Congress. The public health movement has developed until, today, public health services are available in practically every municipality of the United States.

Now, let us see what the public health agencies and organized medicine have accomplished toward stemming the tide of sickness and mortality.

Surveys have shown that at any specified time about 2 per cent of the population is incapacitated for work on account of sickness. Deaths in the United States from various diseases, not including accidents and suicides, totaled in the year 1931 more than 1,175,000. Dublin has calculated that about one-third of the deaths which occur every year are preventable, even under present day conditions. It is estimated that about 120,000 babies die annually from preventable conditions during the first year of life. At the ages 25 to 29 the number of deaths regarded as due to entirely preventable causes exceed 30,000 a year. The capital value of the individuals who die at these ages, based on net future earnings, amounts to \$750,000,000.

Computing the value of life at each age period, Dublin has estimated that the total capital value of the lives which can be saved annually through the application of modern preventive medicine and public health measures is in excess of 6 billion dollars. In

\* Read before Health Officers' Section League of California Municipalities, Santa Cruz, September 18, 1933.



other words, the cost of sickness through premature mortality is more than half again as large as the cost of medical care.

It has been estimated that the cost of preventable mortality (6 billions) added to the costs of medical services (3.6 billions) and the wages lost on account of disability (0.25 to 0.5 billions) brings the total to about 10 billion dollars a year, or approximately \$80 per person in the population.

According to accepted estimates, \$30 is expended for treatment against \$1 for prevention annually in the United States. Hence it becomes apparent that aside from the appalling waste of human lives and the attendant sorrow and despair, we are faced with an important economic factor which demands the earnest consideration of every thinking person.

Time and thought beyond estimate and untold millions have been expended to prevent economic loss in industry. What, if anything, can be accomplished to end the unnecessary waste of human lives? Let us examine briefly what has been done in Wayne County, Michigan, where a definite program of preventive medicine has been launched, and which is commonly referred to as the Detroit Plan.

This program, begun in 1928, had as its primary objective active participation of the practicing physician in providing preventive medical services. The ultimate objective is to have the family physician take care of his clientele in health as well as in time of sickness. To this end it was held that people must be taught that preventive medical services constitute a purchasable commodity, an investment which yields generous returns.

The general objectives of medical participation in public health in Detroit were: prevention of disease, early and efficient treatment of disease, active participation of every qualified physician in the practice of preventive medicine, extension of the influence of the health department, and the elimination of free clinics. The immediate objectives were: diphtheria protection, smallpox protection, tuberculosis case findings, periodic health and dental examinations.

In Detroit, as elsewhere, the health department has maintained public health clinics over a period of years, with the purpose of teaching prenatal care to the expectant mother, furnishing instruction to promote infant welfare, preschool and school hygiene, supplying information to those who have been exposed to such communicable diseases as tuberculosis and the venereal diseases, and providing prophylaxis against smallpox and diphtheria. It was believed that such clinics had an educational value and were needed during a period of demonstration. Beyond this, it was deemed there was no justification

for their existence except to take care of that small fraction of the population which is always indigent.

Preventive medicine can best be administered through the agency of a medical profession which has been thoroughly enlightened with regard to the practice of disease prevention, a profession which can become keenly alert to its responsibility and ably prepared to play its part in the conservation of the public health and welfare. Any health department which does not organize itself to make available through the office of the family physician the facilities now recognized as available to the modern health department, is missing its opportunity.

In Detroit, 1100 physicians became actively interested in preventive medicine. The value of this addition to the roster of public health workers can easily be appreciated. Fundamentally, the problem is one of preparing the physician to give the type of service to which the public is entitled.

The program that has been inaugurated in Detroit has (1) secured the protection of 70 per cent of preschool children and 80 per cent of school children against diphtheria, without the use of free clinics (an enormous saving, by the way, to the taxpayers of that city); and, (2) reduced the diphtheria death rate to one-fourth of the level existing prior to the beginning of the campaign; (3) provided for post-graduate conferences on communicable diseases; (4) completely changed the attitude of the medical profession toward the work of the health department and, more especially, eliminated the antagonistic feeling that has frequently existed toward the work of the public health nurse; (5) stimulated parental responsibility for the care of the child; (6) provided compensation to physicians for service rendered to the indigent; (7) actually served as a beginning to make a health center of the offices of each physician, and (8) afforded an opportunity to expand the program of health conservation with medical cooperation into other fields, such as tuberculosis, periodic physical examinations, and the health of mothers and infants.

An enviable record of accomplishment!

Here in California we have made progress in providing medical care for the individual of low income, and in so doing, have set up the machinery by which a program of preventive medicine can very easily be included. This is particularly true of Alameda County. The Alameda County Plan, in operation since the first of this year, is so constructed that no person of low income need go without adequate medical attention, the cost of which is just what he can afford to pay. All of the incidental expenses of medical service, such as X-ray and laboratory tests, standard drugs and the like, are supplied on the same



basis. Sponsored by the Alameda County Medical Association, the Alameda County Plan has the 100 per cent support of the medical profession. The laws of California, as you know, provide for the care of the indigent, and in Alameda County the law is invoked literally: public service is provided for the indigent, organized medicine takes care of all others according to their ability to pay. Hence it will involve no laborious preparation to include preventive medicine and the essential cooperation with the health departments to the end that every physician's office shall become a miniature health office.

But before any such program can be gotten under way, there must be established a carefully considered plan of cooperation between the health department and the local medical society. The medical profession has been blamed for its lack of evident interest in health programs. I do not hold the medical profession faultless. Nor do I, on the other hand, give the health officers a clean bill of health. Without the helpful assistance of the health department, it would be impossible for the physician to achieve any success whatsoever toward assuming a portion of the burden.

There is need of a more common understanding between organized medicine and the local health agency, both of which have a similar purpose—the preservation and conservation of human life.

(Continued in next issue)

### UNFIT FOODS ARE DESTROYED

Large quantities of food products unfit for human consumption were destroyed during August. These consisted of dried figs, canned tuna, canned crab meat, canned sausage, four per cent wine, canned spinach, canned string beans, noodles, oleomargarine and apple pomace. None of this material was destroyed until after every effort had been made to salvage it for human consumption and then only with the voluntary written consent of the owners.

### EXAMINATION FOR TECHNICIANS ANNOUNCED

The next examination for laboratory technicians will be held in both Los Angeles and Berkeley some time during the month of November. Those interested in these examinations should write to Dr. W. H. Kellogg, Bureau of Laboratories, Berkeley, for application forms as these must be on file by the end of the first week in November. Notices giving the exact date and place of examination will be sent in ample time to all who have applications on file.

### MUSSEL QUARANTINE EXTENDED

Because of the present appearance of cases of mussel poisoning among persons who have gathered and eaten these shellfish, Dr. Giles S. Porter, Director of the State Department of Public Health, has extended the quarantine on mussels to October 31, 1933. He has also extended the quarantined area so as to cover the entire coastal region from Monterey County to the Oregon line, excluding the bay of San Francisco. The original quarantine placed on these shellfish June 23, 1933, was for the period to end September 30, 1933, and the area involved included the coastal territory from Monterey County to the Klamath River, excluding the bay of San Francisco.

Under the terms of this quarantine the sale or offering for sale of mussels gathered from within the specified area is prohibited. Local health officers, food inspectors, and all other officials concerned have been directed to enforce the provisions of this order.

Heretofore, cases of mussel poisoning have occurred earlier in the season. Their appearance at the present time is unusual. Furthermore, cases are appearing in a more northerly section of the quarantined area than heretofore. Since mussel poisoning constitutes an extremely acute type of illness which may result fatally, it is important that the provisions of the quarantined area be observed meticulously.

### SANITATION AT STATE FAIR GROUNDS

In accordance with a long established custom, the Bureau of Sanitary Inspections of the State Department of Public Health supervised the maintenance of sanitation at the State Fair held in Sacramento, September 2-9. Particular attention was paid to sanitary features related to the serving of foods and beverages. All food-supply places and soft drink stands were inspected at least three times daily. All soft drinks were kept in closed containers and those which were held in bulk were drawn through faucets into paper cups. Wherever glassware was used, proper methods of sterilization were employed. Restrooms and toilets were maintained in clean condition. Waste matter, including garbage, was removed regularly and garbage containers were kept in clean and sanitary condition.

Mr. Charles Paine, secretary and manager of the State Agricultural Association, provided full cooperation, together with concessionaires, in maintaining sanitary conditions throughout the buildings and grounds during the time that the fair was in progress.

The methods of quackery are merely a theft from the most ancient phases of folk-medicine.—Sudhoff.



### DOCTOR STADTMULLER AT WASHINGTON CONFERENCE

Dr. Ellen S. Stadtmuller, Chief of the Bureau of Child Hygiene of the State Department of Public Health, has been summoned to Washington by the Secretary of Labor to attend a conference on child health recovery which will be held October 6. At this conference, which will be attended by the chiefs of State divisions of child hygiene, executive officers of State health departments, medical societies and national organizations, topics related directly to the relief of malnourished children will be discussed. Plans will be made for reducing or preventing malnutrition, for locating malnourished children, and for the development of plans which may lead to a drive to secure physical examinations of children in order to determine the extent of damage that has been wrought because of the economic depression.

There are no exact figures relative to undernourished children but in the report of the White House Conference it was stated that in 1930 there were 6,000,000 undernourished children in the United States. It is believed that at the present time one-fifth of all children of preschool age are showing signs of poor nutrition, inadequate housing, lack of medical care and the effects of anxiety and a sense of insecurity.

### MORBIDITY\*

#### Diphtheria

31 cases of diphtheria have been reported, as follows: Oakland 2, Fresno 1, Sanger 1, Los Angeles County 1, Alhambra 1, Culver City 2, Glendale 1, Inglewood 1, Los Angeles 16, Plumas County 1, Sacramento County 1, Sacramento 1, San Francisco 2.

#### Chickenpox

92 cases of chickenpox have been reported. Those communities reporting 10 or more cases are as follows: Oakland 15, San Francisco 38.

#### Measles

119 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Oakland 10, Los Angeles County 10, San Diego 71.

#### Scarlet Fever

116 cases of scarlet fever have been reported.

\* From reports received on September 25th and 26th for week ending September 23rd.

Those communities reporting 10 or more cases are as follows: Los Angeles County 30, Los Angeles 32.

#### Whooping Cough

135 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 34, Los Angeles County 13, Los Angeles 26, San Francisco 11, Ventura County 11.

#### Smallpox

3 cases of smallpox have been reported, as follows: Los Angeles 2, Sacramento 1.

#### Typhoid Fever

6 cases of typhoid fever have been reported, as follows: Berkeley 1, Colusa 1, Riverside County 1, San Diego 1, Stanislaus County 1, California 1.\*\*

#### Meningitis (Epidemic)

3 cases of epidemic meningitis have been reported, as follows: Fresno 1, San Jose 1, Sutter County 1.

#### Poliomyelitis

4 cases of poliomyelitis have been reported, as follows: Glendale 1, Los Angeles 2, Pacific Grove 1.

#### Encephalitis (Epidemic)

One case of epidemic encephalitis from Santa Ana has been reported.

#### Food Poisoning

10 cases of food poisoning have been reported, as follows: Kern County 4, Redondo Beach 6.

#### Undulant Fever

3 cases of undulant fever have been reported, as follows: Los Angeles 1, Placer County 1, Santa Maria 1.

#### Actinomycosis

One case of actinomycosis from San Francisco has been reported.

\*\* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.